BioLEAGUES®

Integrating Medicos...Incubating Research !!!!

2nd ENT-CFS 2019

21-22 November 2019 | Bangkok, Thailand

2nd World Congress on ENT & Craniofacial Surgery

"Exploring New Frontiers in ENT & Craniofacial Surgery"

Mandarin Hotel, Bangkok,Thailand

21st & 22nd November, 2019

Organized by:

BioLEAGUES Worldwide

Preface

This book reports the Proceedings of the **"2nd World Congress on ENT & Craniofacial Surgery"** held at ***Mandarin Hotel, Bangkok, Thailand*** on November 21st & 22nd, 2019 organized by ***BioLEAGUES Worldwide***.

The publishing department has received more than 80 abstracts. After an initial review of the submitted abstracts, 34 papers were presented at the conference and were accepted for publication in the Conference Proceedings. The topics that are covered in the conference include otolaryngology – head and neck surgery, facial plastic and reconstructive surgery, laryngology, neurolaryngology, rhinology, skull base surgery, otology, neurotology, sleep medicine and surgery, etc... We would like to thank all the participants for their contributions to the conference and the proceedings.

Reviewing papers of ***2nd ENT- CFS 2019*** was a challenging process that relies on the goodwill of those people involved in the field. We invited more than 15 researchers from related fields to review papers for the presentation and the publication in the ***2nd ENT- CFS 2019*** Proceeding. We would like to thank all the reviewers for their time and effort in reviewing the documents.

Finally, we would like to thank all the proceeding team members who with much dedication have given their constant support and priceless time to bring out the proceedings in a grand and successful manner. I am sure this proceeding will be a credit to a large group of people, and each one of us should be proud of its successful outcome…

2nd ENT- CFS 2019

From BioLEAGUES Director's Desk…

On behalf of **BioLEAGUES Worldwide**, I am delighted to welcome all the delegates and participants around the globe to the **"2nd World Congress on ENT & Craniofacial Surgery"** which is going to be held at ***Mandarin Hotel, Bangkok, Thailand*** **on November 21st & 22nd, 2019.** This conference will revolve around the theme ***"Exploring New Frontiers in ENT & Craniofacial Surgery".***

It will be a great pleasure to join with Doctors, Research Scholars and Academicians all around the globe. You are invited to be stimulated and enriched by the latest innovations in all the aspects of craniofacial surgery and allied areas, while delving into presentations surrounding transformative advances provided by a variety of disciplines.

I congratulate the Chair person, Organizing Secretary, Committee Members, coordinator BioLEAGUES and all the people involved for their efforts in organizing the **2nd ENT- CFS 2019** and successfully conducting the International Conference and wish all the delegates and participants a very pleasant stay at Bangkok, Thailand.

A. Siddth Kumar Chhajer
Director
BioLEAGUES Worldwide

From BioLEAGUES CEO's Desk…

On behalf of **BioLEAGUES Worldwide**, I am delighted to welcome all the delegates and participants around the globe to the ***"2nd World Congress on ENT & Craniofacial Surgery"*** which is going to be held at ***Mandarin Hotel, Bangkok, Thailand on November 21st & 22nd , 2019.***

"Exploring new frontiers in ENT & Craniofacial Surgery" is the main theme of this **2nd ENT-CFS 2019** It will be a great pleasure to join with Scientists, Academicians, Research Scholars, Students, Practitioners and other associate people all around the globe. You are invited to be stimulated and enriched by the latest in **2nd ENT-CFS 2019**, while delving into presentations surrounding transformative advances provided by a variety of disciplines.

I congratulate the committee, coordinator BioLEAGUES and all the people involved for their efforts in organizing the event and successfully conducting this International Conference and wish all the delegates and participants a very pleasant stay at Bangkok, Thailand.

Mr. R. B Satapathy
Chief Executive Officer
BioLEAGUES Worldwide

BioLEAGUES®

Integrating Medicos...Incubating Research !!!!

2nd ENT-CFS 2019

21-22 November 2019 | Bangkok, Thailand

2nd World Congress on ENT & Craniofacial Surgery

"Exploring New Frontiers in ENT & Craniofacial Surgery"

Message from the Committee Members

Bangkok, Thailand

21st & 22nd November, 2019

Dr. Jürgen Ramming, MD, Ph.D

Otorhinolaryngologist and Laser-

SurgeonSchweinfurt, Germany

Dear Colleagues and Friends,

The 2nd World Congress on ENT & Craniofacial Surgery is being held in Bangkok, Thailand during November 21-22, 2019.

I am very honored and pleased to welcome you on behalf of the Organizing Committee.

With participating in this World Congress, most recent knowledge can be spread out from global experts and we can better serve our patients. I anticipate an exciting, cutting-edge and yet broad-based program.

We hope this meeting would be an excellent opportunity to exchange ideas, share knowledges, join old friends, and create new friendships and have a lovely time in the city of Bangkok.

Regards,

Dr. Jürgen Ramming, MD, Ph.D

Dr.William J. Dunn, DDS, FICD, FACD, ABGD

CEO, Weekend Dentistry PLLC, Dental Director, University Health Systems at Bexar County Detention Center

Esteemed Conference Attendees,

Welcome to the 2nd World Congress on ENT and Craniofacial Surgery, 2019 in Bangkok, Thailand! An exciting lineup of researchers, innovators and clinicians from academia, industry and clinical practice from across the world have been gathered to give you unique perspectives and trends in the field of ENT, Craniofacial Surgery, Facial Plastic Surgery and Molecular Biology.

It has been said that the face is the mirror of the mind and soul, and without even speaking, confess the secrets of the heart. No other part of the human body possesses such an impact on our lives. It is fitting that this conference is being held in Thailand where the head is considered sacred. Bangkok is the most visited city in the world. Enjoy your stay here, and I hope you are as honored as I am to be a part of this meeting that concentrates on the craniofacial complex-- the mirror of our health and soul!

Regards,

Dr.William J. Dunn, DDS, FICD, FACD, ABGD

Dr. Amrapali Keny- Pawar

Consultant ENT surgeon, Asian Heart Institute and Research Center, Mumbai, India

Respected Conference Delegates,

It is with great pleasure that I bid you all a genial welcome to the second world congress on ENT and Cranio Facial surgery 2019 to be held in the beautiful and vibrant city of Bangkok, Thailand!

There's no denying that an event like this brings forth the remarkable progress that we as academicians, clinicians and surgeons have made over the years in the field of ENT and Craniofacial surgery contributed of course , by esteemed patrons like you from across the world.I promise you that this congress will give you an excellent opportunity to interact and exchange ideas with the most polished people in the field.

I thank all the Experts who have come forth to share their knowledge and experiences and hope that this meeting inspires ideas and discussions to pave a path wherein we can all progress together.

Regards,

Dr Amrapali Keny- Pawar, M.S.(ENT), F.C.P.S., D.O.R.L.

Dr. Nadeem Raza

Consultant Audiologist, Fatima Audiology & Speech Therapy (FAST) Clinic, Lahore, Pakistan

Esteemed Conference Attendees,

Hello Colleagues and friends it's a great honor for me to invite all of you from across the world to participate in 2nd world congress on ENT & Craniofacial Surgery, during November 21, 22, 2019 to be held in Marvelous Bangkok city of Thailand,

I truly hope that participants will grace our showcase with their presence. This will provide good forum of ENT Doctors, Researchers, Scientists, Otolaryngology Specialists, Audiologists to exchange their experiences and built there relations among themselves.

Regards,

Dr Nadeem Raza.

Keynote Speaker

Autogenous Graft from the Tibial Crest for Correction of Nasal Deformity

Evando Lauritzen Lucena
Dept. of Cirurgia Plástica Clinica Lauritzen R. Dr. Alceu de Campos Rodrigues São Paulo, Brazil

Abstract

The objective of this study is to assess the surgical reconstruction of the nasal dorsum using an autogenous graft from the tibial crest, in a three hundred patients with nasal sequelae of infectious disease, trauma and secondary rinoplasties who were analyzed clinical and radiologycal. Ages ranging tweenty to sixty years old, fifty males and fifty females.
Satisfactory results without complications were obtained in 293 patients, dislocation of the graft occurred in three, extrusion in two and dehiscence in one.
The tibial crest graft is extremely useful for reconstruction of the nasal dorsum in Hansen´s disease because it is easily obtainable, integrates well with a minimun of complications improving both the function and the aesthetic appearance.

Biography

Residence in plastic surgery in the Brotherhood of Santa Casa de Misericórdia of São Paulo;
-Course of specialization by Clinica Planas, Barcelona;
-Specialist in Surgery by the Brazilian and Brazilian Medical Association of Plastic Surgery;
- Specialist in Plastic Surgery by the Regional Council of Medicine of São Paulo;
Full Member of the Brazilian Society of Plastic Surgery;
Effective member of the Brazilian Society of craneo Maxillofacial Surgery;
- Member of the International Society of Aesthetic Plastic Surgery.
- Member of the International Confederation of Reconstructive and Aesthetic Plastic Surgery.
Participated in the Group of Doctors of the Syrian Refugees in Jordan - Nov.2015
Member of the American Medical Society Syria (SAMS)
Author of some techniques in plastic surgery: mamoplasty, rhinoplasty and gluteoplasty.
Several papers published in congresses in Brazil, the United States, Germany, Japan, Thailand, Australia, Turkey, the United Arab Emirates

CONTENTS

CONTENTS

CONTENTS

BioLEAGUES®

Integrating Medicos...Incubating Research !!!!

2nd ENT-CFS 2019

21-22 November 2019 | Bangkok, Thailand

2nd World Congress on ENT & Craniofacial Surgery

"Exploring New Frontiers in ENT & Craniofacial Surgery"

ABSTRACTS

Bangkok, Thailand

21st & 22nd November, 2019

The Future of Dentistry

Dr. William J. Dunn

Private Practice, Helotes, TX 78023, USA

Abstract

A technological renaissance is here due to advances in computer technology and an awareness of incorporating biologics and genomics into medicine and dentistry. Advances in communication, construction, teaching and medicine have all benefited from this technology. CEREC, or ceramic reconstruction, has finally reached a level of accuracy that surpasses the accuracy of indirect restorations made by hand, and digital radiography is now the standard in imaging. The major areas of dentistry that will see an explosion of technology will be presented. The fastest growing area of dentistry is imaging using a variety of digital instruments to accurately obtain two and three-dimensional images in real time. This technology will be used in all aspects of dentistry, but in particular, diagnosis and treatment planning. New aspects of imaging will involve using three-dimensional imaging in real time to discover cracks in teeth, and mapping of caries throughout a tooth. A movement away from metal and ceramic will occur with the use of bioactive and smart materials, and materials that will regenerate tooth structures, perhaps with stem cells. Three-dimensional printing will become the standard for the fabrication of everything in the office. Devices using technology from the airline industry, using heads-up-display and recognition software, will make dentistry safer. Most importantly, the profession will come to embrace that all patients are unique in their genetic makeup, and personalized medicine will become standard treatment for patients in the future.

Biography

Dr. Dunn is a graduate of the University of Texas Dental School at Houston, Texas. He completed a residency in Comprehensive Dentistry at Keesler Medical Center in Biloxi, Mississippi in 1994. He completed a Fellowship in Dental Biomaterials at the University Florida in 2000. He is a Diplomate of the American Board of General Dentistry, and is a Fellow of the Academy of Dental Materials. He served as Military Consultant to the Surgeon General for Dental Research, Medical Ethics, Materials, Devices and Investigations. He has published more than 100 papers and abstracts and has spoken and taught extensively at national and international conferences.

ISBN: 978-93-89107-54-8

CSF Rhinorrhea- Does Fibrin Glue Change The Surgical Outcome?

Babu A R

Assistant professor, Dept of otorhinolaryngology and Head & Neck, JSS Medical College and Hospital, Mysore, India

Abstract

Introduction: CerebroSpinal Fluid (CSF) rhinorrhoea takes place when there is breakdown of all barrier that separate the nasal cavity from the subarachnoid space. Majority of the cases resolve with conservative treatment. For cases who do not respond to conservative management, require surgical correction. Endoscopic assisted transnasal repair of CSF leak has become the preferred modality of surgical treatment of CSF leak.

Objective: To assess the surgical outcomes of endoscopic transnasal CSF leak repair with and without fibrin glue.

Methods: This was a retrospective study done in Department of Otorhinolaryngology and Head and Neck surgery, JSS Academy of higher education and Research. It included 43 cases of CSF rhinorrhoea who underwent endoscopic endonasal surgery for leak repair during the year 2014-2018. Two groups of patients were studied, group A (patients in whom Fibrin glue was used) and group B (patients in who Fibrin glue was not used). Nasal endoscopy was done to all patient during the follow up, every 2 weeks for 2 months, later every month for minimum 6 months

Results: Among the 43 cases, 22 patients were male and 21 were females. Age group ranged from 27-70 years. Majority of cases were spontaneous CSF leak. Most common site of leak was cribriform plate. There was success rate of 96.1% (25/26) in group A. The success rate was 83% (15/17) in Group B. There was no statistically significant difference between results of endoscopic closure of CSF leak with fibrin glue and without fibrin glue. (Chi square test p value- 0.31).

Conclusion: Endoscopic transnasal CSF leak repair is an excellent surgical technique for CSF rhinorrhoea. Spontaneous CSF rhinorrhoea is more common than traumatic CSF rhinorrhoea. There was no statistically significant difference in results of CSF leak repair with fibrin glue and without fibrin glue

ISBN: 978-93-89107-54-8

Prevalance of Micro-Organisms and Current Trends of Antibiotics for Treatment of Chronic Suppurative Otitis Media in Developing Countries

Dr Vijay Vitore
Chief ENT Surgeon, G.G.Hospital , Aurangabad , India

Abstract

Chronic Suppurative Otitis Media (CSOM) is a persistent, insidious and potentially dangerous disease because of its various fatal complications. It is still a significant health problem in developing countries. It is the common cause of conductive deafness. Change in the bacteriological scenario with indiscriminate use of antimicrobial agents has been associated with the emergence of multiple drug resistant strains. Information regarding the common pathogens and their antibiotic sensitivities is essential for the proper choice of antibiotics. Hence the present study is undertaken to know the aerobic bacteriological flora of CSOM and their antibiogram. One hundred and nine clinically diagnosed cases of CSOM of all age groups and both the sexes attending ENTOPD and admitted in ENT wards were studied. Ear swab was taken from each patient, further subjected to Gram staining and culture onto blood agar, MacConkey's agar and Chocolate agar. The bacterial isolates were identified by standard biochemical reactions. Antibiotic susceptibility testing was done by Kirby-Bauer disc diffusion method.

A random selection of 109 CSOM cases were studied, of which 71 were males and 38 were females. Majority of the patients were in the age group of 11 to 20 years. Predominance of *Pseudomonas aeruginosa* (53.91%) followed by *Staphylococcus aureus* (28.69%),*Proteus mirabilis*. (6.09%), *Klebsiellapneumoniae* (5.23%) , *Citrobacterfreundii* (4.35%) and *E.coli* (1.73%) Antibiotics like Imipenem, Piperacillin-tazobactum, Amikacin, ciprofloxacin and Levofloxacin were found to be more effective against all Gram positive and Gram negative isolates.

Pseudomonas aeruginosa was the predominant organism followed by Staphylococcus aureus, Proteus mirabilis, Klebsiella pneumoniae, Citrobacterfreundii and E coli. The most effective drugs were Imipenem, Piperacillin-tazobactum, Amikacin, ciprofloxacin and Levofloxacin.

Biography

Dr Vijay Vitore is the chief ENT Surgeon at G.G.Hospital , Aurangabad , India. He is having vast clinical experience in the field of Otorhinolaryngology.He has completed his post graduation in 2000 from MGM medical college India. Since then he is doing lot of surgeries and also has expertise in LASER surgery. He worked as consultant at MGM medical college .He has attended and delivered lot of lectures in national/international conferences and workshops in INDIA and ABROAD. He has also published his work in national and international journals .He has a very good clinical acumen with the interest of updating himself to new innovative and advanced technologies and scientific upgradation.

ISBN: 978-93-89107-54-8

Enabling Doctors to Invent Novel Medical Devices

Dr. Jagdish Chaturvedi

ENT Surgeon, Medical Device Innovator, Director, Clinical Innovation and Partnerships at InnAccel, Bangalore, India

Abstract

In India, less than 5% of Indian healthcare startups have a Doctor co-founder or key driver of the innovation. Whereas 40% of Doctors across India have made innovations within their domains but have never been able to commercialise them. Most of them have been published in medical journals or have been passed on to students and peers. Majority of these innovations are in the theraputic domain or critical monitoring space. However, most of the tech entreprenuer driven innovations are in preventive or telemedicine space primarily because of superficial understanding of actual healthcare needs.

Therefore there is a strong requirement to bridge the gap between Doctors and Technology developers to enable more meaningful healthcare innovations in India. Doctors need to drive the key idea generation, knowledge sharing, clincial testinh and validation efforts.

In this talk, Dr. Chaturvedi will highlight the ways with which a Doctor can bring an idea to fruition through a new support platform called HiiiH created by Dr. Chaturvedi and his team

ISBN: 978-93-89107-54-8

JSS Academy of Higher Education and Research

Dr. Prakash Bhadravathi Ganesh

Senior professor and Head of Department of Otorhinolaryngology, JSS Medical College and Hospital, Mysore, India

Abstract

Perforation of tympanic membrane could be a sequel of infection, trauma or iatrogenic causes. Repair of same is important to restore hearing and to prevent infections. Goal of successful tympanoplasty is to create a mobile tympanic membrane with an aerated, mucosa lined middle ear and sound conduction mechanism. Various graft materials have been used like Temporalis Fascia,cartilage,venous graft,etc. Temporalis fascia,though is considered to be gold standard, is challenging to use in cases of subtotal/large perforations. Major advantage of using cartilage is stiffness and bradytrophic metabolism, which prevents resorption, reperforation and retraction.In our study, a total of 120 patients diagnosed with COM at Department of Otorhinolaryngology, JSS Medical College; Mysuru; between January 2015 to December 2018 were prospectively analysed.After requisite pre-op evaluation, patients underwent type 1 tympanoplasty using cartilage graft in 60 patients and temporalis fascia graft in 60 patients. Age of our patients ranging from 18 years to 45 years, with 42 males and 78 females.Right ear was affected in 54 patients, left ear in 52 and bilateral in 14 with 61 large central, 26 subtotal, 20 medium and 13 small sized perforations. Results postoperatively were astonishing with postoperative ABG and gain in hearing thresholds significantly better in cartilage group.

Biography

Dr.Prakash BG, Senior professor and Head of Department of Otorhinolaryngology, JSS Medical College and Hospital, Mysore, India.
An eminent academician with more than 30yrs of experience, completed Masters in 1992 from MR MC Gulbarga, India.A senior Surgeon with special interest in Endoscopic Anterior skull base surgeries, Micro ear and microlaryngeal surgeries and Endoscopic DCR, has more than 15publications to his credit. Always keen on attending and conducting various workshops and seminars has organized many national level conferences like ISOCON 2019.
Has been a PG Dissertation guide since 2007 and heads 2 ongoing research projects in department.

Balloon Sinuplasty- Our Experience

Dr Yogesh Dabholkar
Prof and Head, Department of ENT, DYPatil University School of Medicine, India

Abstract

Introduction: Balloon sinuplasty is one of the latest methods used in surgical treatment of patients with sinonasal inflammatory diseases. It is one of the least traumatic methods used for dilatation of paranasal sinuses ostia. Our study aims to review the surgical outcome (symptomatic relief) based on snot score of 20 patients who underwent balloon sinuplasty over the past 6 months.

Method: Retrospective study

Results: Out of 20 patients 13 were females and 7 males. The age ranged from 20 to 60 years. All these patients suffered from chronic rhinosinusitis without sinonasal polyposis and underwent balloon sinuplasty. Out of these 20 patients, 18 showed significant symptomatic improvement without any complaint post operatively.Two patients complained of post-op facial pain but responded to antibiotics and analgesics.

Conclusion: Balloon sinuplasty was successfully performed in all 20 patients without any major complications or technical difficulty. Balloon sinuplasty can be used as an alternative surgical method for surgical treatment for some group of patients with chronic rhinosinusitis without sinonasal polyposis.

Key words

Endoscopy, Chronic Rhinosinusitis, Balloon Sinuoplasty, Endoscopic Sinus Surgery.

Liaquat National Hospital and Medical College

Neonatal Hearing Screening Program in Tertiary Care Hospital

Dr. Maheen Pyarali
Department of Otorhinolaryngology, Head and Neck Surgery Liaquat National Hospital Karachi, Pakistan

Abstract

Objective:
The aim of this study was to screen neonates born in a tertiary care hospital in Karachi, Pakistan to diagnose any hearing impairment at an early age in order to provide appropriate intervention and facilitate early cochlear implantation in children and to prevent the adverse consequences of a delayed diagnosis on speech and language, as well as on cognitive development of a child.

Methodology:
A Prospective cross sectional study was conducted, 250 children were examined by means of distortion product otoacoustic emissions between 01.05.2019 and 31.10.2019 to analyze the results of neonatal hearing screening in Liaquat National Hospital Karachi, Pakistan. A questionnaire was designed for detailed case history including gestational age, duration of labor and other prenatal, natal and postnatal risk factors. Otoacoustic Emission test was performed and infants who were referred twice, scheduled for complete diagnostic evaluation and brainstem evoked response audiometry.

Result:
Almost 10 percent of children fall under category of referral, many lost to follow-up.

Conclusion:
This study will be an initiative to highlight neonatal risk factors associated with hearing loss and understand the importance of early identification and intervention. It will be a useful tool in creating awareness among parents and general population. Hence comprehensive hearing screening program is required.

Keywords:

Hearing _Otoacoustic emission _High risk _ Neonate

Biography:

Dr. Maheen Pyarali, a 3rd Year Postgraduate Trainee in Department of Otorhinolaryngology, Head and Neck Surgery at Liaquat National Hospital Karachi, Pakistan. She has passion to excel in field of otorhinolaryngology by contributing through her clinical research. She has come to enlightened herself by acquiring information and skills through theoretical and practical understanding and implication of otology at both national and international level.

Speech Perception Cues In Speech of Cleft Palate

Indu Thammaiah
Lecturer, dept of Speech and Hearing, JSS Institute of speech hearing, India

Abstract

Speech errors commonly observed in children with cleft lip and palate are posterior placement of oral targets, Gabreels (2001). Several authors have offered explanations by showing physiological evidence of velopharyngeal incompetence. But most recently there has been growing interest in phonological explanations of speech disorder in this population. It has been viewed that "marking the locus of phoneme boundary" is one of the ways to describe relations between acoustic variations and phonetic perception. VOT voice onset continuum is one of the strongest phonetic cues for consonant discrimination and refers to the time interval between the release of the articulatory occlusion and the onset of vocal-fold vibration.

The aim of the present study was to measure the VOT continuum and mark the occurrence of phoneme boundary in speech of children with cleft lip and palate. The study aimed to compare the locus of phoneme boundary between two cleft lip and palate group and control group.

Speech sample was obtained from two groups. Group 1 - individuals with cleft lip and palate who exhibited error in placement of oral targets, Group 2 – typically developing children who were age and gender matched. Further the samples collected were synthesised using VOT continuum technique for voiced and voiceless stop consonants namely bilabial sounds (/p/, /b/), palatal sounds (/t/, /d/) and velar sounds (/k/, /g/). VOT truncation at +/- 10msec, +/- 30 msec , +/- 50msec were done. The synthesized stimulus was later presented to 15 Speech Language Pathologist and untrained listeners. The participants had to indicate the percentage of phoneme crossing. According to Repp and Liberman (1987), phoneme locus can be identified at 50% of zero crossing line. Using this approach, the group of phonemic boundaries were calculated and subjected to statistical analysis.

Result: The results indicated that trained listeners could identify the boundary at 90% for CLP anterior placement and 95% of stimuli for typically developing group. But however, the phoneme boundary varied to 75% for posterior placement of speech in CLP indicating the phoneme boundary is divergent in CLP group. The present study suggests that marking the phonetic variations in cleft palate speech can aid in better understanding of speech perception cues in cleft lip and palate individuals.

ISBN: 978-93-89107-54-8

FATIMA AUDIOLOGY
& SPEECH THERAPY (FAST) CLINIC

Hearing Impairment Detection & Treatment in Children and Adults

Nadeem Raza

Audiology, Fatima Audiology & Speech Therapy (FAST) Clinic, Consultant Audiologist, Pakistan

Abstract

Hearing Impairment is a common problem throughout the world, but the burden of hearing loss among children & adults is large and significant proportion of the world's population with hearing disorders goes undetected, as a result relatively few people are fitted with hearing aids. Especially in developing countries this problem becomes magnified due to lack of awareness and recourses, so that's why determine whether early management of hearing loss leads to improved outcomes for patients.
So keeping in view to children need consistent access to the full range of speech sounds for spoken language development, making daily hearing aid management a fundamental component of effective intervention. In addition to receiving services from professionals with expertise in childhood hearing loss, parents play a central role in the intervention process. However, parents can experience an array of barriers and challenges in learning to cope with the demands of daily management. For effective integration of essential hearing aid management skills into the daily lives primary caregivers, audiologists must consider for support the adult patients and parents in applying individualized strategies.

T-Tube Insertion in the Management of Atelectatic Middle Ear

Mohammad G. Raslan
Department of ORL, October 6 University, Giza, Egypt
Marwan S. Al Tamimy
Department of audiology, Ba Bakr Charity Hospital, Yemen
Mohamed F Al Qaddy
Department of ORL, Nasser Institute for Treatment and Research, Cairo, Egypt

Abstract

Background and purpose:
Middle ear atelectasis (MEA) is one of the ailments that can remarkably affect the quality of life of patients. Surgical management of MEA can also carry a lot of morbidity issues.
In our study, we were looking for a method to modify the condition of the middle ear prior to surgery in a way that minimizes the extent of the surgical procedure needed to treat MEA. The impact of this minimization on the morbidities associating such procedures was studied.

Material and methods:
A prospective, case-control study was conducted on 82 cases of MEA with comparable depth of skeletonization of the ossicles. Pre-procedural CT scan was done to exclude cholesteatoma, audiologic evaluation for base-line recording, as well as endoscopic examination. T-tube insertion was done in 41 cases (group 1). Group 2 included 41 cases that were followed up.
The 82 cases were followed up bi-annually for two years. The follow up included endoscopic examination, audiometry and tympanometry.

Results:
14 cases of group 2 (34%) developed cholesteatoma and required modified radical surgeries, compared to 1 case of group 2 (2.4%) . 27 cases of group 2 (66%) had progressive adhesions with development of retraction pockets compared to 2 cases of group 1 (4.8%). 31 cases of group 1 (75.6%) showed progressive improvement of the ME condition reflected on the regression of the depth of skeletonization, with no more MEA but with thin tympanic membrane (TM) compared to zero cases (0%) of group 2. These 31 cases needed further cartilage grafting to re-enforce the TM. 7 cases of group 1 (17%) had completely healthy TM, and therefore required no further management, again compared to zero cases of group 2 (0%). The results showed statistically significant difference between the 2 groups.

Conclusion:
T-tube insertion in cases of MEA can save the patient a lot of morbidities. It can also save a lot of resources.

ISBN: 978-93-89107-54-8

Anosmia – Approach to Management

Dr Amrapali Keny- Pawar

ENT Consultant, Asian Heart Institute And Research Centre & Private Practitioner At Prathamesh Ear Nose Throat Clinic, Mumbai, India

Abstract

Anosmia is a topic rarely ventured upon in the arena of Ear Nose Throat disorders. However, this is one condition having a major impact not only on the quality of life of the patient but also bear psychosocial consequences and is associated with a number of neurodegenerative diseases such as Alzeimer's disease and Parkinson's disease.

A number of researches are being done to prove the extraordinary ability of the olfactory system to plasticity. This may have widespread implications for olfactory training as a therapeutic treatment for considerable cases of anosmia. However , owing to the multi etiology of this condition, ongoing research needs to be focussed on multiple treatment approaches including transplantation of olfactory stem cells as also in the identification of genes in cases of congenital anosmia which may help in the exploration of many other different treatment options.

ISBN: 978-93-89107-54-8

Sentinel Node Biopsy; an Emerging Outlook

Dr.Palak Shroff Bhatti

ENT and Head Neck Surgeon (Pvt. Consultant Mumbai), india

Abstract

Sentinel node biopsy method has been frequently used in breast cancer and malignant melanoma as a staging procedure. In head neck malignancies, neck node metastasis is one of the most important prognostic factors with a direct impact on the survival of the patient. Traditionally selective or complete elective neck dissection is done especially with subsites such as the oral cavity and supraglottic region where the possibility of occult neck node metastasis is high. However neck dissection also carries its share of morbidity. With the emergence of sentinel node biopsy , the present review, based on various studies and analysis around the globe, aims to define the role of sentinel node biopsy in staging of occult nodal metastasis in head neck cancers at a much lower morbidity rate.

Biography

MBBS MS (ENT) DNB (ENT) Ex Fellow Tata Memorial Hospital (head neck oncosurgery dept). Pvt consultant and surgeon practicing ENT and Head Neck surgery in Mumbai from 2008. Currently attached to Guru Nanak Hospital and Research Centre Mumbai. Recently completed Lateral Skull base Diploma training program at World Skull Base at M.S. Ramaiah Bangalore.(2018)

ISBN: 978-93-89107-54-8

Simultaneous Rhinoplasty and Septal Peforation Repair For Secondary Cases

Dr. Saud Saleh Alsaif

Consultant ENT Surgeon, Head of ORL-H&N Surgery Department, King Fahad Military Medical Complex, Saudi Arabia

Abstract

Introduction

septorhinoplasty revision considered as a one of the most difficult operations specially if operated by an unexperienced surgeon ,post op the patient started to complain of worsening the condition regarding the shape in compare with the pre-operative more over started to complain of nasal obstruction and recurrent nasal bleeding ,by examination you find the nasal obstruction comes as a result of nasal valve collapse or the nasal septal perforation or both the perforation also leads to nasal bleeding and crusting , all these complications makes the situation is more complicated which explain the cause of rejection by most of the surgeons to revise these cases even the expert surgeons.

Method

As a government military hospital we accepted some cases to minimize their the post-operative complications also as a part of psychological support most of them done in the privet secure , before we go for these cases we sign a clear consent with good explanation of the current situation and detailed clarification of the planned procedure as a trial to manage the complications and should be signed by 2 witnesses, we are doing the revision either by open or closed technique utilizing the conchal cartilage to repair the septal perforation and managing the nasal valve collapsein most of the cases Intra operative you may find an unnecessary work been done which may added this new deformity or an important step for managing the original deformity not been touched .which leads to worsening the condition .

Results

We operated on 95 cases of revision SRPL with or without septal perforation In most of our revision cases we could gain a good results and patient satisfaction regarding the shap and function confirmed by our psychiatrist feedback who referred some of our cases.

ISBN: 978-93-89107-54-8

Treatment Outcomes of Transoral Microlaryngeal CO_2 Laser Surgery and Radiation therapy for early Glottis Carcinoma

Dr. Elizabeth Mathew Iype

Abstract

Background & Introduction:
Early laryngeal cancers have traditionally been treated with radiation therapy or open partial laryngeal surgery in the past. Transoral laser microsurgery for early stage glottis cancer has almost replaced open surgery. With this Prospective observational study we compared the treatment outcomes in patient undergoing Transoral laser microsurgery and radiation therapy for T1 glottic malignancy. Our primary objectives were to assess local recurrence rate and laryngeal preservation rate. We also assessed post-treatment functional outcomes with emphasis on voice quality, pathological margins adequacy for surgery and disease free survival for both procedures.

Methods :
Patients diagnosed with stage T1N0 laryngeal cancer undergoing treatment at Regional Cancer Centre, Thiruvananthapuram, India with either laser surgery (n=31) or external beam radiation therapy (n=34) were part of the study. Surgery consisted of tumor wide excision with CO_2 laser under general anaesthesia. External beam radiation therapy to the larynx was delivered to a cumulative dose of 52.5Gy in 3.5Gy/fraction over 3 weeks. Patients were followed up for assessing various treatment outcomes. Voice quality was assessed with Voice Handicap Index periodically.

Results:
Between Jan 2017-Dec 2018 glottis cancer stage I being managed in the head and neck disease management group were recruited for study. About 34 patients meeting the inclusion criteria were recruited for transoral microlaryngeal laser surgery arm. Among them about three patients had to be excluded as their histopathology report turned out to be benign disorders of larynx. During the same period 34 patients receiving radiotherapy were also recruited for the study. A total of 65 patients were part of the final analysis. The median follow-up period was 14 months.
Anterior commissure involvement was not favoured by surgeons. Frozen guided re excision was done in 5 cases and margin negativity was ensured in all cases. Planned dose of radiation was 5250cGy/15# completed by all patients. No procedure related morbidity or mortality in both groups . No significant aspiration incidence in both groups. here as no nodal recurrence in both groups. There was 2 local recurrence in each group. Both the groups did not warrant a salvage laryngectomy in the present follow up period. Laryngeal preservation rate was equal and 100%.
3 patients in MLS group had second primary. Gastrointestyinal tract, supraglottis and in the opposite vocal cord. No recurrence in RT group. Median follow-up = 14 months (2-23 months).
Subjective analysis of speech made by self-administered questionnaire and individuals asked to describe their voice and the effects of their voice on their life. • Voice impairment was measured preprocedure at baseline and at 2 months, 5 months and 1 year post therapy

Discussion
Both groups had a similar oncological outcome. In comparison with randomised study by Aaltonen et al(1) where there were 25 in radiation and 31 in surgery arm, our number of patients were similar. They had 3 recurrences in each arm for a follow up of 2 years. Our study had 2 recurrences in both the

ISBN: 978-93-89107-54-8

groups with median follow up of 14 months. Similar study by Remmelts et al(2) showed comparable oncological outcome between the MLS and RT arm. In the long term however, their larynx preservation was better in patients initially treated with laser surgery.
The strict follow up criteria helped in detecting recurrences. The detection of early recurrence helped us in salvaging even post radiation recurrence with salvage microlaryngeal surgery. This probably contributed to equal laryngeal preservation rate. The short duration and minimal hospital stay was relatively cost effective for micro laryngeal surgery patients in comparison with study by Goor et al(3).
In respect to voice outcome as there was significant difference in baseline voice difference in two groups probably due to sub stage difference we went for a subset analyses. A subset analysis for T1a lesions and anterior commissure involved lesions were made. Even though there were variations in baseline voice quality in one or more parameters, total appeared to same in these subsets. This was in line with other studies with same questionnaire(3).
The voice analysis were comparable between both the groups similar to randomized trial by Aaltonen et al(1) and meta-analyses by Greulich et al(4). Even for anterior commissure involved lesion the voice outcomes between the two groups were comparable similar to Canadian study by Taylor et al(5).

Conclusion

Transoral micro laryngeal laser surgery and radiation therapy for T1 laryngeal cancer had good oncological outcome. Both procedures were safe and there were no significant procedure related morbidity. Micro laryngeal laser surgery had the advantage of short duration and repeatable even at recurrence. Radiation therapy is time tested for its efficacy, but not repeatable. Voice quality for both the procedures were comparable, even for anterior commissure involvement.
At recurrence both modality could be used for salvage of the other. But as Micro laryngeal laser surgery being repeatable has an edge over radiation therapy in the salvage setting with radiation therapy preserved for a later date.

References

1. Aaltonen L-M et al. Voice Quality After Treatment of Early Vocal Cord Cancer: A Randomized Trial. Comparing Laser Surgery With Radiation Therapy. Int J Radiat Oncol. 2014 Oct 1;90(2):255–60.
2. Remmelts AJ et al Evaluation of lasersurgery and radiotherapy as treatment modalities in early stage laryngeal carcinoma: tumour outcome and quality of voice. Eur Arch Otorhinolaryngol. 2013 Jul 1;270(7):2079–87..
3. Goor KM et al. Cordectomy by CO2 laser or radiotherapy for small T1a glottic carcinomas: Costs, local control, survival, quality of life, and voice quality. Head Neck. 2007;29(2):128–36.
4. Greulich Mt et al Voice Outcomes Following Radiation Versus Laser Microsurgery for T1 Glottic Carcinoma: Systematic Review and Meta-analysis. Otolaryngol--Head Neck Surg Off J Am Acad Otolaryngol-Head Neck Surg. 2015 May;152(5):811.
5. Taylor et al Treatment of T1b glottic SCC: laser vs. radiation- a Canadian multicenter study | Journal of Otolaryngology - Head & Neck Surgery

A Microbial Study on Tracheostomy Tubes and its Clinical Correlation: A Hospital Based Study

Dr.Ishita Grotra

PostGraduate , Department of Otorhinolaryngology,Head and neck surgery;Sri Ramachandra Institute of Higher Education and Reasearch(Deemed University),Chennai, India

Dr. Prasanna Kumar S

Professor ,Department of Otorhinolaryngology,Head and neck surgery;Sri Ramachandra Institute of Higher Education and Reasearch(Deemed University),Chennai, India

Abstract

Introduction

Tracheostomy is the most common procedure performed in critically ill patients requiring prolonged mechanical ventilation for acute respiratory failure.Although the indications, technique, timing, and selection of critically ill patients for tracheostomy have been topics of considerable debate, not much has been reasearched about the microorganisms that colonize on the tracheostomy tube or on the stomal and peristomal region often leading to septicemia.

Objective

To analyze and compare the presence of microorganisms in the tracheostomy tubes of patients managed in tertiary care setup and to compare and correlate the type of tracheostomy tube, material of tracheostomy tube, duration, type of care given and the micro-organism isolated from the tracheostomy tube.

Conclusion

The most common organism isolated on culture was Pseudomonas aeruginosa (28%), Streptococcus species (26%) and Staphylococcus species (27%)

The type of tracheostomy tube used had no significant correlation with the type of organism seen on Gram stain, fungal smear & cultures isolated. The most significant dependant variable for positive fungal smear gram-negative bacteria, polymicrobial infection and granulation tissue formation was in the duration of tracheostomy tube left insitu.

In conclusion, frequent changes of the tracheostomy tube , proper care and management of the tracheostomy stoma site is helpful in avoiding the potentially serious complications that can arise as a result of growth of infective microorganisms within the tracheostomy tube.

ISBN: 978-93-89107-54-8

Keywords: Biofilms, Tracheostomy, Polymicrobial Infections

Biography

Ishita Grotra is a final year MS ENT resident at Sri Ramachandra Institute of Higher Education and Research. She has a keen interest in Paediatric Otorhinolaryngology and airway disorders. She has presented several research papers in national conferences and has also received the best paper award at Indian Association for Surgeons for Sleep Apnoea in March 2018. She has served as an organising secretary for hands on dissection workshop held at her alma mater in 2019.

Surgical Margins and Nodal Metastasis are Prognostic Factors in Oral Squamous Cell Carcinoma –A Meta-Analysis

Dr. Mohammad Akheel

Consultant Head & Neck Oncosurgeon, Indore, India.

Abstract

Aim: To find out whether surgical margins and nodal metastasis are prognostic factors in oral squamous cell carcinoma.

Materials & Methods: PubMed search was done to look for studies done on surgical margins and nodal metastasis of oral squamous cell carcinoma from the year 2008 to 2018.

Results: Fixed effects meta-analysis showed a pooled estimate absolute risk reduction of -3% (95% confidence interval (-8, 2.5%). p = 0.2819 from the fixed margin model shows no significant difference between close margins with cases of deaths due to recurrence or metastasis. The pooled odds ratio was 0.87 (95% confidence interval 0.63–1.99, p =0.3928) for the comparison between clear and closed margins for estimating the odds. It should be noted that the mean unweighted local recurrence rate for margins 5 mm or greater was 4.9% with 95% CI as (-10.7%, 0.8%).

Conclusion: The study shows that close surgical margins with nodal metastasis have poor prognosis in oral squamous cell carcinoma however no statistical significance was seen in this meta-analysis.

Biography:

Dr Mohammad Akheel is a dedicated consultant head & neck oncosurgeon/ reconstruction surgeon with enriched experience & expertise of nearly 5.2 years in handling difficult and complex head & neck cancer cases, studying the case history & finding out medical solutions. He is academically astute with credentials as MDS; MFDS RCPS (Glasgow); FHNCS; FADI; FIIHNO,and presently pursuing Doctor of Philosophy (Ph.D.) in Oral & Maxillofacial Surgery from Saveetha University, Chennai. He is a current fellow of Dr. Jatin P Shah pursuing Global online fellowship in head & neck cancer surgery from Memorial sloan kettering cancer centre, New York, US. He is passionate about improving longevity of patients afflicted with high-risk & complex carcinomas. He as proven record of 78

International peer-reviewed research publication in various dental and medical journals and Serving as Editorial board member in more than 13 international journals and has 3 book publications. He is assistant editor to the Journal of Foundation of Head & Neck Oncology (FHNO), India.

All through his career, he has demonstrated leadership, the capacity to think beyond the obvious, flexible mind, and situational awareness to anticipate situations and react rapidly and brought a range of innovations and interventions to complex case management. He has emerged as an astute mentor with sound knowledge of standard practices and ethics in medicine.

ISBN: 978-93-89107-54-8

Facial Nerve Identification in Parotid Surgeries

Nabeel Humayun Hassan
Shaheed Mohtarma Benazir Bhutto Medical College, Lyari General Hospital, Karachi, Pakistan

Abstract
The beauty of parotid is the precise identification of facial nerve and preserving it with all of its branches, the nerve is usually identified at Stylomastoid Foramen(SF) where it leaves the temporal bone. A firm grip over the anatomical landmarks of this area is required for correct identification of nerve without any iatrogenic injury. At SF main trunk was identified which is then followed to dissect all of its main branches. The use of intra operative nerve monitoring is recently popularized in developed countries but we have demonstrated a comparable post operative facial nerve preservation even without the use of nerve monitor. We have used the orthodox method of nerve identification by suing posterior belly of diagastric and tympanomastoid sutureas landmarks in all of our cases, additionally we have been using the Morrisons Mastoid Self retaining retractor between the parotid gland paryncyma and tragal cartilage to improve retraction and visualization, this help us a lot especially when using magnification. We also recommend to use surgical blade no.12 to divide the parotid gland over branches of facial nerve this aids is minimizing traction trauma to nerve. We have a series of 25 patients which were operated with this technique in last 3 years both total and superficial parotidectomy was done for different pathologies including benign and malignant and none have complete paralysis only 2 out of 25 patients developed paraesis of Marginal branch which recovered in few weeks with physiotherapy. One patient developed complete temporary paralysis and recovered in 6 weeks with physiotherapy. Only one patient with squamous cell carcinoma T4 developed recurrence. Hence we propose that even without the use of facial nerve monitor, nerve preservation can be achieved however this will only be applicable in primary parotid surgeries and revision surgeries might require nerve monitoring.

Declaration of Conflict of Interest:
I have NO financial relationships to disclose

Learning Objectives:
- Basis technique of nerve identification
- The most persistent surgical landmark
- Novel technique for dissection of nerve branches
- Post operative nerve functions

ISBN: 978-93-89107-54-8

Five years experience of Tracheostomy at Dhaka Medical College Hospital: Review of 257 cases

Dr. Mostafa Kamal Arefin
Dhaka Medical College Hospital, Bangladesh
Prof A F Mohiuddin Khan
Dhaka Medical College Hospital, Bangladesh
Prof Md. Abu Yusuf Fakir
Dhaka Medical College Hospital, Bangladesh
Prof Md Nazmul Islam
Dhaka Medical College Hospital, Bangladesh
Prof Sheikh Nurul Fattah
Dhaka Medical College Hospital, Bangladesh
Dr. Dipankar Lodh
Dhaka Medical College Hospital, Bangladesh
Dr. Md. Shaharior Arafat
Dhaka Medical College Hospital, Bangladesh

Abstract

Background
Tracheostomy is regarded as a life saving surgical procedure throughout the world and particularly in our environment where patients present late in upper airway obstruction. Few work has been done on tracheostomy, therefore it was essential to conduct this study to describe our own experiences with tracheostomy, outlining the common indications and outcome of tracheostomized patients in our setting and compare our results with those from other hospitals in the world.

Methods
This was a retrospective study which was conducted at Dhaka Medical College Hospital from July 2014 to June 2019. Data were retrieved from Emergency & Indoor Patient register, emergency OT, elective OT, ICU, as well as patients files kept in Medical record department . Data were analyzed using SPSS computer software. Ethical approval to conduct the study was obtained from relevant authority before the commencement of the study.

Results
Total 257 patients were studied. Male to female ratio was 4.47:1. Majority of the patients were in the sixth decade of life. Commonest indication for tracheostomy were upper airway obstruction secondary

ISBN: 978-93-89107-54-8

to neoplastic cause in 70.04% of patients, followed by upper airway obstruction secondary to traumatic causes in 24.9% cases. Majority of the tracheostomies 82.88% were performed as an emergency. Mostly longitudinal, otherwise transverse skin crease incision was employed in all the cases. Post tracheostomy complication rate was 18.68%. Complication rate was higher in emergency tracheostomy than in electives. Duration of temporary tracheostomy ranged from 5 days to 42 months, with a median duration of 3 months. Decanulation of tracheostomy was successively performed in 77.82% patients who survived. 10.89% was the mortality rate. Mortality was not related to tracheostomy, but for their underlying illnesses.

Conclusion

Upper airway obstruction secondary to laryngeal tumours and secondary trauma still remains the commonest indication for tracheostomy in our hospital. Most of the tracheostomy related complications can be avoided by meticulous attention to the details of surgical technique and postoperative care by skilled and trained doctor, nurse and supporting staff .

ISBN: 978-93-89107-54-8

Depth of tumour infiltration as a prognosticator in pT1-2 cN0 oral squamous cell carcinoma thereby need for elective neck dissection – A Meta-analysis

Dr. Mohammad Akheel

Consultant Head & Neck Oncosurgeon, Indore, India.

Abstract

Aim:- To identify the cut-off value for depth of infiltration for predicting the risk of lymph node metastasis of the neck in surgically treated patients affected by pT1-2 cN0 oral squamous cell carcinoma.

Materials & Methods:
Meta-analysis of 6 articles was done with 938 patients from PubMed search of last fifteen years.

Results:
The mean depth of infiltration in No neck was 4.42mm, SD 0.66 (95%CL: 3.89-4.95) while the mean depth of infiltration in N+ neck was 6.95mm, SD 1.36 (95% CL 5.86-8.04). One sample t-test was done to analyse the level of significance between Cut-off depth of infiltration for N0 and N+; which was found to be significant. (p-0.002). ROC analysis was done to find the cut-off depth of infiltration in all N0 necks which was 4.50mm with Odds ratio(OR) – 9.32 with sensitivity of 84.7% in N+ necks which makes elective neck dissection an important surgical option for good prognosis of OSCC.

Conclusion:
Tumor infiltration depth is an important prognosticator in pT1-2 cN0 necks. Tumors depth of infiltration greater than 4.50mm radiologically or clinically must undergo an elective neck dissection to improve the prognosis of OSCC.

ISBN: 978-93-89107-54-8

Bibliography

Dr Mohammad Akheel is a dedicated consultant head & neck oncosurgeon/ reconstruction surgeon with enriched experience & expertise of nearly 5.2 years in handling difficult and complex head & neck cancer cases, studying the case history & finding out medical solutions. He is academically astute with credentials as MDS; MFDS RCPS (Glasgow); FHNCS; FADI; FIIHNO,and presently pursuing Doctor of Philosophy (Ph.D.) in Oral & Maxillofacial Surgery from Saveetha University, Chennai. He is a current fellow of Dr. Jatin P Shah pursuing Global online fellowship in head & neck cancer surgery from Memorial sloan kettering cancer centre, New York, US. He is passionate about improving longevity of patients afflicted with high-risk & complex carcinomas. He as proven record of 78 International peer-reviewed research publication in various dental and medical journals and Serving as Editorial board member in more than 13 international journals and has 3 book publications. He is assistant editor to the Journal of Foundation of head & neck oncology(FHNO), India.

All through his career, he has demonstrated leadership, the capacity to think beyond the obvious, flexible mind, and situational awareness to anticipate situations and react rapidly and brought a range of innovations and interventions to complex case management. He has emerged as an astute mentor with sound knowledge of standard practices and ethics in medicine.

ISBN: 978-93-89107-54-8

Dorsal Grafting With Crushed Cartilage Sandwich

Dr. Saud Saleh Alsaif

Consultant ENT Surgeon, Head of ORL-H&N Surgery Department, King Fahad Military Medical Complex, Saudi Arabia

Abstract

Aims

Augmentation of the nasal dorsum and nasofrontal angle by using a modified technique of crushed cartilage grafts to ensure good and long lasting results by simple insertion.

Method

By inserting an onlay dorsal graft of medium crushed cartilage taken from the nasal septum or chonchal cartilage after removing bone or perichondriume warped by tutoplast with closed edges using monocrile suture to give the shape of the cushion , its size controlled by the amount of cartilage according to the requirement and defect size , a guide suture used to introduce the graft in place by passing the suture transcutenouly to fix the end of the suture to the nasal dorsum by using setri strips and covered with nasal splent for one week to keep in pace .

Results

I did 72 cases using this technique ,the mean age is 36 y (18 y-56 y) 42 females and 30 males 28 of the vtotal number done as a revision cases been operated before in other center the result of this technique is very accepted by my patients and the surgeon , dorsal contour irregularities specially with the patients with thin skin the same result with filling the mild nasal saddling which happens post hump over resection or any other maneuver causes this irregularity the results improve the nasofrontal angle . I follow my patients for one year first month every week then every 3 months for the first one yesr then every 6 months .

Conclusion

This modified technique of onlay grafting of nasal dorsum improve the nasal profile and proportions by covering dorsal contour irregularities and fill the defects caused by over correction of the hump which may leads to saddling of the nose and works as permanent cumefalge for all dorsal irregularities instead of temporary injectable fillers .

Keywords:

Crushed cartilage, tuoplast, sandwich graft, dorsal augmentation

Treatment Outcomes of Transoral Microlaryngeal CO2 Laser Surgery and Radiation therapy for early Glottis Carcinoma

Vasu kumar reddy Kurapati
Audiologist & Speech Pathologist, Dept. of Otorhinolaryngology, Narayana Medical College And Hospital, AP, India

Abstract

Introduction:
Tinnitus, commonly referred to as "ringing in the ears," is phantom auditory erception which can be debilitating condition. Middle ear surgery can give rise to complications like development of Tinnitus in certain patients. This article evaluates patients with persistent Tinnitus managed by Tinnitus Retraining therapy.

Materials and Methods:
Prospective study was carried on patients operated for chronic middle ear disease presented with persistent Tinnitus post operatively at completion of 3 months of follow up during January 2016 to December 2017. Level of tinnitus was assessed using Tinnitus Handicap Inventory (THI) scale. These Patients were subjected to Tinnitus Retraining Therapy for 3 months.

Results:
Total of 29 patients presented with Persistent Tinnitus Post operatively of which 17 were male and 12 female in age group 21– 50 years. Tinnitus was mild (13.79%), moderate (51.72%), severe (31.03%) and Catastrophic (3.44%) of patients. Frequency, Intensity match and type of noise of each patient for tinnitus retraining therapy was documented where unilateral Tinnitus was seen in 25 and bilateral in 4 patients. Overall improvement in tinnitus observed in 16 (55.17%) of patients. Patients with moderate tinnitus showed improvement in Catastrophic and Severe tinnitus. As perception of Tinnitus increased more improvement was observed following therapy and vice versa. Results of Tinnitus Retraining Therapy do not vary based on middle ear surgery performed, laterality of ear and type of noise used to suppress tinnitus.

Discussion:
Tinnitus retraining Therapy aims in reducing tinnitus perception by inducing habituation of tinnitus -induced reactions allowing patients to achieve control over tinnitus, live normal life.

Keywords
Tinnitus Retraining Therapy; Chronic Middle Ear Disease.

HNO-Praxis im City-Karree
Dr. med. Jürgen Ramming
... wir kümmern uns!

The Cone Beam CT of the Nose and Paranasal Sinuses: Indications and Aspects of Radiation Exposure Rates

Dr. Jürgen Ramming

ENT and Dental Medical Center, Drs. Ramming, City- Karree, Schweinfurt, Germany

Abstract

TRadiologic examination are absolute important in the diagnosis of diseases of the nose and the paranasal sinuses. Unfortunately the eyes are always in the direct path of x-rays. In the last years the normal conventional CT is more and more replaced by the cone beam ct. Our purpose is to evaluate the differences in exposure rates between these radiologic methods also in comparison to the so called natural and environmental factors.To assess there great significance we rank natural and environmental factors due to their importance. Then we compare the exposure rates of the standard ct with those of the cbct. We also discuss the role of so called „lowdose- protocols“ and the influence of scattered radiation in radiology. The great advantage from the radiological point of view is the extremely low dose of radiation of the CBCT in comparison to the standard medical CT and substantial less scattered radiation. In comparison to natural or environmental factors the exposure rates are negligible. In our belief the cone-beam computed tomography (CBCT) is a very useful tool in the diagnosis of sinusitis, especially concerning the exposure of radiation referring to the eyes.

Biography:

Dr. Jürgen Ramming, MD, Ph.D., is an ear-nose and throat specialist and laser-surgeon from Schweinfurt, Bavaria, Germany. He graduated in Medicine from the university of Würzburg in 1985 and started his training in the field of ENT. During his training he was instructed by Prof. Wolfgang Draf, one of the most eminent experts in the field of rhinosurgery. 1992 he founded in his hometown Schweinfurt -together with his wife- the first ENT- and Dental Medical and Laser Center in Germany. Since 1992 he has performed in private practice over 20000 laser-operations outpatiently, mostly intranasal surgery. He is well known for his laser expertise and can be regarded as one of the leading laser experts for intranasal surgery in Germany . In 2018 he has given a 3 days hands-on laser course in Fortaleza, Brazil. His second interest is the cone beam computer tomography. He is publishing scientific papers and giving oral presentations at national and international congresses.

ISBN: 978-93-89107-54-8

HNO-Praxis im City-Karree
Dr. med. Jürgen Ramming
... wir kümmern uns!

Microinvasive Endoscopic-Microscopic Intranasal Laser-Surgery of the Nose and the Paranasal Sinuses

Dr. Jürgen Ramming

ENT and Dental Medical Center, Drs. Ramming, City- Karree, Schweinfurt, Germany

Abstract

Quick overview of the different laser surgery systems used in ENT with their advantages and disadvantages. The best system for endoscopic intranasal surgery is a diode laser with a flexible fibre. Step by step introduction in endoscopic-microscopic intranasal laser surgery. Preparation for outpatient surgery, local anaesthesia, focusing on certain laser techniques for the turbinates (laser-turbinectomy) and the surgery of the nasal septum and functional laser-surgery of the paranasal sinuses. Indications, procedures and pitfalls.

Keywords

Intranasal laser-surgery, laser-turbinectomy, paranasal sinuses, outpatient surgery

Biography:

Dr. Jürgen Ramming, MD, Ph.D., is an ear-nose and throat specialist and laser-surgeon from Schweinfurt, Bavaria, Germany. He graduated in Medicine from the university of Würzburg in 1985 and started his training in the field of ENT. During his training he was instructed by Prof. Wolfgang Draf, one of the most eminent experts in the field of rhinosurgery. 1992 he founded in his hometown Schweinfurt -together with his wife- the first ENT- and Dental Medical and Laser Center in Germany. Since 1992 he has performed in private practice over 20000 laser-operations outpatiently, mostly intranasal surgery. He is well known for his laser expertise and can be regarded as one of the leading laser experts for intranasal surgery in Germany . In 2018 he has given a 3 days hands-on laser course in Fortaleza, Brazil. His second interest is the cone beam computer tomography. He is publishing scientific papers and giving oral presentations at national and international congresses.

Direct Evidence of Viral Infection and Mitochondrial Alterations in the Brain of Fetuses at High Risk for Schizophrenia

Dr. Segundo Mesa Castillo

Psychiatric Hospital of Havana, CA 10800, Cuba

Abstract

There is increasing evidences that favor the prenatal beginning of schizophrenia. These evidences point toward intra-uterine environmental factors that act specifically during the second pregnancy trimester producing a direct damage of the brain of the fetus. The current available technology doesn't allow observing what is happening at cellular level since the human brain is not exposed to a direct analysis in that stage of the life in subjects at high risk of developing schizophrenia. Methods. In 1977 we began a direct electron microscopic research of the brain of fetuses at high risk from schizophrenic mothers in order to finding differences at cellular level in relation to controls. Results. In these studies we have observed within the nuclei of neurons the presence of complete and incomplete viral particles that reacted in positive form with antibodies to herpes simplex hominis type I [HSV1] virus, and mitochondria alterations. Conclusion. The importance of these findings can have practical applications in the prevention of the illness keeping in mind its direct relation to the aetiology and physiopathology of schizophrenia. A study of amniotic fluid cells in women at risk of having a schizophrenic offspring is considered. Of being observed the same alterations that those observed previously in the cells of the brain of the studied foetuses, it would intend to these women in risk of having a schizophrenia descendant, previous information of the results, the voluntary medical interruption of the pregnancy or an early anti HSV1 viral treatment as preventive measure of the later development of the illness.

Biography

Segundo Mesa Castillo. As Specialist in Neurology, he worked for 10 years in the Institute of Neurology of Havana, Cuba. He has worked in Electron Microscopic Studies on Schizophrenia for 32 years. He was awarded with the International Price of the Stanley Foundation Award Program and for the Professional Committee to work as a fellowship position in the Laboratory of the Central Nervous System Studies, National Institute of Neurological Diseases and Stroke under Dr. Joseph Gibbs for a period of 6 months, National Institute of Health, Bethesda, Maryland, Washington D.C. USA, June 5, 1990.

ISBN: 978-93-89107-54-8

Pactoralis Major Flap Reconstruction for Advanced Stage Squamous Cell Carcinoma of Oral Cavity

Nabeel Humayun Hassan

Shaheed Mohtarma Benazir Bhutto Medical College, Lyari General Hospital, Karachi, Pakistan

Abstract

Pactoralis Major Flap has traditionally been known as a work horse for head and neck reconstruction and has been the most popular flap to be used in head and neck cancer patients however in last few decades advancements in micro-vascular anastomosis techniques free tissue transfer gained popularity but it is not always the answer. Other than the risk of flap necrosis, the surgical expenses are also too high which is also a limiting factor in low socio-economic group of patients. We have been using the Pactoralis Major Flap in almost all of our patients which required reconstruction. By using this technique of reconstruction which is cost effective we have demonstrated a disease free survival which is comparable to the rest of the world, we have also demonstrated that quality of life although lowered in these patients but still acceptable. We have also observed that using a lower random pattern segment of pactoralis major flap a larger size defect can be closed successfully. We have thus explored a new dimension of using Pac Major Flap in group of patients who cannot afford free tissue transfer but still can have a disease free survival with better quality of life using pedicled flap reconstruction

Declaration of Conflict of Interest:
I have NO financial relationships to disclose

Learning Objectives:
- Basic technique of harvesting the Pactoralis Major Flap
- Basic technique of flap in setting at defect site
- How to use Pactoralis Major flap in different situations
- The post surgery complications especially flap necrosis
- Post op quality of life in terms of swallowing, speech and cosmesis

ISBN: 978-93-89107-54-8

Reconsidering On the Drug Therapy of Adult Laryngopharyngeal Reflux Disease

Hu Juanjuan
PG, Otorhinolaryngology Head and Neck Surgery, Sichuan university, China

Abstract
The treatment for laryngopharyngeal reflux diseases consist of general treatment, medical therapy and surgical treatment, among which, drug therapy is still the main effective way. Proton pump inhibitor is adopted as the first drug for patients with laryngopharyngeal reflux disease only caused by acid reflux. With standardized treatment, the majority of symptoms in laryngopharyngeal reflux disease could be alleviated effectively. PPI therapy, while seemingly logically, is less useful in patients with reflux hypersensitivity, weak acid or non-acid reflux, neuropsychological factors and gastroesophageal reflux disease. This article aims to investigate the bewilderment and challenge faced by clinicians when managing adult laryngology reflux disease with medical therapy.

Key words
laryngopharyngeal reflux; drug therapy; proton pump inhibitor

A Case Report on Cutaneous Angiosarcoma of the Scalp

Morla, Angelica Aubrey P
Department of Surgery, Ospital ng Maynila Medical Center
Turingan, Hazel T
Department of Surgery, Ospital ng Maynila Medical Center
De Leon, Louie Czelline L
Department of Surgery, Ospital ng Maynila Medical Center
Alvez, Allain A
Department of Surgery, Ospital ng Maynila Medical Center
Catapia, Jimmy B
Department of Surgery, Ospital ng Maynila Medical Center
Orata, Rhoby U
Department of Surgery, Ospital ng Maynila Medical Center
Sibulo, Jose Melvin M
Department of Surgery, Ospital ng Maynila Medical Center
Pinlac, Vienne D
Department of Surgery, Ospital ng Maynila Medical Center

Abstract

Angiosarcoma is a rare neoplasm with poor prognostic outcomes. Many cases are diagnosed late in its course due to the benign presentation of its initial lesion. Cutaneous angiosarcoma is an aggressive tumor regardless of grade, with high rates of recurrence and metastasis. It constitutes less than 1% of all head and neck sarcomas. We present the case of 79-year-old female, with a large cutaneous angiosarcoma of the scalp who underwent wide excision and burr holing and planned with staged reconstruction with split thickness skin grafting that was postponed due to a positive basal

ISBN: 978-93-89107-54-8

margin. Surgery is the primary treatment option especially for localized disease and remains to be an option even in advanced cases. Delayed diagnosis however is common and may account for poor prognostic outcomes. This report emphasizes the need for keen history taking, physical examination, staging and involvement of a multidisciplinary team and multimodal approach to treatment with the aim for tumor free margins prior to reconstruction. And lastly adjuvant chemotherapy and radiotherapy for a good disease-free survival and overall survival.

Biography

Dr. Louie Czelline L. De Leon and Dr. Angelica Aubrey P. Morla are currently a fourth-year and third-year resident in training, respectively at the Department of Surgery at Ospital ng Maynila Medical Center. Both of them are passers of the Philippine Medical Board Examination given by the Board of Medicine, Professional Regulatory Commision last August 2016.

Prominent Ear Treatment: Anti-Helix Reconstruction with Gull Wing-Shaped Shell Cartilage Graft

Evando Lauritzen Lucena
São Paulo, Brasil

Abstract

The author reports the experience acquired in the period of fifteen years with the prominent ears treatment, in 322 patients undergone Otoplasty; 182 cases with anti-helix correction and shell attachment to the mastoid and 140 cases with anti-helix correction, shell reduction and attachment to the mastoid; profiting the gull wing-shaped fragment withdrawn from the shell for anti-helix modeling. He describes the operative technique highlighting the indication and results obtained during the period. He cites, further, a low complication index an the very natural results obtained with the technique employed in the ear final relief.

ISBN: 978-93-89107-54-8

Gluteoplasty Complications

Evando Lauritzen Lucena
São Paulo, Brasil

Abstract

The author states the main augmentation gluteoplasty complications with silicon prosthesis inclusion; here mentions the factors that lead to each one of them, makes the history of the technique, showing its modifications and its limitations, analyzes the growing and popularization of this surgery in Brazil, and in his comments exposes his considerations about the undesirable results and its inadequate use. This research describes the topographic anatomy and the function of the gluteous muscles and its importance in the results of the technique; it also selects the complications according to placement of implant in relation to the muscle. He cites the following complications as the main ones: asymmetry, prosthesis migration, fistulas, strias, chronic pain, cellulites and myocutaneous necrosis.

ISBN: 978-93-89107-54-8

Use of endoscope as adjunct to microscope in cholesteatoma surgery

Dr. Yogesh Dabholkar

Abstract

Importance; The use of endoscope for the ear has opened up new approaches to treat cholesteatoma surgically and reduce residuals. The endoscope can be used as an adjunct to the microscope or by itself. A prospective study was carried out to assess the utility of endoscope as an adjunct to the microscope in identifying the cholesteatoma remnant at the time of primary surgery with the operating microscope. The oto-endoscope was also used to evaluate the effectiveness of oto-endoscopy in assessing limited disease during cholesteatoma surgery.

Aims and objectives:
1. To evaluate the use of endoscopy in identifying the cholesteatoma remnant at the time of primary surgery with the operating microscope.
2. To evaluate the effectiveness of endoscopy in assessing limited disease during cholesteatoma surgery.

Design: A hospital- based, interventional, non-randomized, non-comparative and prospective study was done in 116 ears with acquired cholesteatoma. At the time of the surgery, the endoscope was used to study and identify the extent of the disease. After completion of the surgery by the standard inside-out technique using microscope and drill, the endoscope was used to identify the cholesteatoma remnants if any.

Setting: This study was done in a tertiary care hospital.

Participants: 116 patients with acquired cholesteatoma that were operated on.
Main outcome measure: The proportion of residual disease identified with the help of endoscope at the end of standard surgery using microscope and drill. Secondary outcome measure was the proportion of cases in which endoscope was useful in decision making intra-operatively.
Results: Out of 116 patients operated with the microscope, 13 had a cholesteatoma remnant at the end of surgery, which was missed by the microscope but identified with the oto-endoscope. The sinus tympani was the commonest site of cholesteatoma remnant. Also in 7 cases, the endoscope helped in limiting the dissection by better identification of the extent of disease as compared to microscope during surgery.

Conclusion and relevance: Endoscope is a useful adjunct to the operating microscope in cholesteatoma surgeries. It is useful in not only identifying residual disease but also in decision making by identifying the extent of the disease intra-operatively.

ISBN: 978-93-89107-54-8